Lindsey Lodge Hospice
Homely Remedies Policy

Lindsey Lodge Hospice appreciates the need to optimise the comfort of patients within our care. It is not always possible for the medical team to be available to attend directly and prescribe over the counter remedies for simple complaints, termed 'homely remedies'. In such circumstances it becomes reasonable for a registered professional to administer homely remedies for a limited period before review by the medical team. Lindsey Lodge Hospice only cares for adult patients aged 18 years and over. The doses of medications are the recommended doses for an adult.

The medication chart contains a section of remedies that the medical team can consider to be appropriate for the patient to be administered during their inpatient stay. It is the expectation that the admitting doctor would review this list of remedies and sign the appropriate box on the chart, being clear to put a line through any remedies that would not be appropriate for that patient.

Providing the patient (or next of kin, in the event of the patient who lacks consent, as a best interest decision) is in agreement, the attending registered professional may subsequently administer the remedy at the frequency detailed within that list for up to 48hours (72 hours at a bank holiday weekend) on the Inpatient unit, or 2 sessions in Well Being Centre, before a review by the medical team.

Homely remedies and indication

Artificial saliva *	Dry mouth
Aqueous cream TOP PRN *	Dry skin
Aqueous cream with menthol TOP PRN	Dry, itchy, unbroken skin
Difflam® (Benzydamine hydrochloride 0.15%)*	Sore Mouth
Glycerine suppositories 1-2 PR PRN	Constipation - See guidance below
Bisacodyl suppositories 1-2 PR PRN	Constipation - See guidance below
Microlax enema 1 PR daily	Constipation - See guidance below
Sodium Picosulphate 5-10mls PO 12hourly	Constipation - See guidance below
Simple linctus 10-20mls PO 4 hourly	Dry cough
Peppermint water PO PRN	Simple gastrointestinal cramps
Saline bladder washout (Suby G/Optiflow) PRN	Blocked urinary catheter
Corsodyl Mouthwash 10mls PO 6 hourly *	Sore mouth
Gaviscon Advance® 10mls PO 6 hourly	Indigestion
Paracetamol 1g PO/PR QDS	Simple pain or fever
0.9% saline 5-10mls NEB PRN	Breathlessness, thick respiratory secretions
Lidocaine 2.5%, prilocaine 2.5% (Emla®) or Lidocaine 4% w/w cream *	Local anaesthetic for use prior to venepuncture/cannulation

*denotes those remedies that may be administered by an appropriately trained unregistered practitioner following the assessment by a registered professional.
The following dressings may also be initiated as per the wound management protocol without the need for a medical prescription:

Actisorb silver	Mepitel
Allevyn adhesive or non-adhesive	Mesorb
Allevyn thin	Kaltostat
Allevyn plus	Mepilex border
Aquacel	Mepore
Aquacel Ag	Solvaline
Aquaform gel	Tegaderm

Constipation
Constipation (reduced bowel opening frequency, or dry/hard to pass faeces) is a common symptom in palliative care patients due to multiple co-morbidities, reduced dietary fibre intake, reduced fluid intake, reduced mobility, medication side effects. It is often a combined effect of reduced gastrointestinal movement and hard, dry faeces. It is not uncommon for patients to require interventions to aid elimination. Care should always be made to ensure the patient is not in complete bowel obstruction before embarking on measures to stimulate bowel movement. If bowel obstruction is suspected, then the nursing team should seek medical advice and, or request a medical review first.

Oral Laxatives
Oral laxatives can either stimulate the bowel to move, or soften the motion, or combined effect of both. For palliative care patients, a laxative with a combined action is often preferable, since the constipation is rarely due to a single cause. Sodium picosulphate has a combined action and is a small volume that can be tolerated by patients. An oral laxative can take up to 3 days before being effective. It is advised to start an oral laxative if bowels have not been moved for 3 consecutive days, such as sodium picosulphate at a dose of 5mls once daily. If movements are not adequate after 3 days, this can be increased to 10mls once daily. Some patients require maximum dose 10mls twice daily.

Suppositories
Treating constipation may require the elimination of a hard faecal plug sitting in the rectum. If the patient has the sensation to have their bowels open, but elimination is not happening easily, a rectal examination may be required (providing contraindications are not present) after gaining the patient's consent. If the patient lacks capacity to consent, then there should be a discussion with the relevant next of kin or family member to balance the risks of distress and benefit of such a procedure. A best interests decision may be made to proceed to rectal measures, but should be documented clearly in the patient record. If faeces are felt to be in the rectum, a combination of a glycerine and a bisacodyl suppository may be inserted rectally to both soften the faeces and stimulate the rectum to move the elimination.

Microlax enema
In the event that constipation is not resolved following oral laxatives at maximum dose for 3 days and suppositories have either been ineffective or inappropriate (constipation above the

level of the rectum) then it may be appropriate to use a microlax enema, providing the patient gives consent. For those who lack capacity to consent, the same procedure should be followed as above.

Other measures

Failing these measures, the patient would need a review by the medical team. Opioid induced constipation may require an opioid antagonist or switch of opioid preparation. Rarely a more powerful enema may be required.

REFERENCES:				
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To Be reviewed	Review completed	By	Approved By	Circulation
January 2019	January 2019	LA	QA	Yes
January 2021				